

Mississippi
**Application for Automatic Six-Month Extension
for Corporate Income and Franchise Tax Return**

WCC

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An automatic 6-month extension of time will be allowed if Form 83-180 is properly filed by the due date with all required taxes remitted. Additional extensions of time beyond the 6-month automatic extension will not be granted. The State Tax Commission will not return a confirmation.

Calendar Year	_____	Or	Fiscal Year Ending	_____	FEIN
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Name of Corporation

8

Mailing Address

City	State	ZIP + 4	Telephone
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1. If this tax year is for less than 12 months, enter date tax year begins _____ and ending_____

Check reason: ☐ Initial Return ☐ Final Return ☐ Change in Accounting Period ☐ Other _____

Question 2 is to be completed by a corporation **not** included in a combined or consolidated return, or the reporting corporation in a combined return or consolidated return.

Round All Amounts to the Nearest Dollar

2. Amount of Payment by Reporting Corporation.

\$

Number 3 is to be completed if you are making a franchise tax payment on behalf of one or more members in your group. You must provide the name, FEIN, and amount of payment. Each line entry constitutes a separate payment by the identified corporation. A payment by one corporation cannot be claimed by another corporation. Negative amounts are not allowed.

[illegible]

4. Total (Line(s) 3 plus amounts from Additional Schedule on Page 2 and any Form(s) 83-181.)

5. Total Payment with this Extension. (Line 2(e) plus Line 4) **(Make payment to State Tax Commission)**

NOTE: Each corporation "doing business" in Mississippi must file a separate combination return and may claim only those payments specifically identified as payments by such corporation. Specifically identified payments include 1) a separate check/remittance payment attached to Form 83-300 with the corporation's name and FEIN provided, 2) a payment line entry as indicated on number three (3) of this form, 3) a separate check/remittance payment attached to the corporation's return (not its parent or other related member) and identified on the "amount paid" line, and 4) a separate check/remittance payment attached to a notice of deficiency or other notice requesting payment issued by the corporate tax division.

For additional information about the filing of returns, please see our website: www.mstc.state.ms.us

Mail to: Office of Revenue
P.O. Box 23050
Jackson, MS 39225-3050

I declare under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of Officer or Agent

Title

Date _____

